

RHEUMATOID ARTHRITIS

HISTORY

- Joint pains.
- MORNING STIFFNESS.
- Disability.

GENERAL EXAMINATION

- For all systems of the body to detect Extra-articular manifestations:

1. GENERAL:

- Measure the Temperature: for fever.
- Look for Pallor: for ACD.
- Look for Eyes: for Sjogren's syndrome (dry eyes, dry mouth), Scleritis.
- Look for LN.

2. SKIN: Look for:

- *SC nodules* (on pressure sites & extensor tendons).
- *Palmar erythema*.
- *Cutaneous vasculitic lesions*.

3. MUSCLES: Look for Myopathy (muscle weakness & muscle wasting).

4. SOFT TISSUE SURROUNDING JOINTS: Look for Bursitis.

5. HEART: Look for:

- Pericardial disease (pericarditis “ pericardial rub ”, pericardial effusion).
- Endocardial disease: RARE (AR, MR).

6. CHEST: Look for:

- Pleural disease (pleurisy “ pleural rub ”, pleural effusion).
- IPF.

7. NEUROLOGICAL: Look for:

- Carpal tunnel syndrome, PN.

JOINT EXAMINATION

INSPECTION

1. Swelling: indicates inflammation or effusion.
2. Deformities: Ulnar deviation (at MCP), Boutonniere, Swan-neck, Z-deformity of Thumb, Hallux valgus.
3. Overlying skin: marked erythema or skin nodules.
4. Surrounding structures: muscle wasting or swelling of bursae.
5. Range of active movement: to detect limitation of movement.

PALPATION

- Try to detect: Joint effusion by fluctuation.
- Try to detect: Warmth & Tenderness.

MOVEMENT

- To detect pain.
- To detect crepitus: *e.g. of Temporo-mandibular joint in RA.*
- To detect limited range of movement in RA.

NB In Rheumatoid Arthritis:

Affected joints

- Most commonly: small joints of hands, wrists, knees, ankles, feet.
- Less commonly: elbows, shoulders, hips.
- Least commonly: temporomandibular, sternoclavicular.

Spared joints

- Distal interphalangeal (DIP), Sacro-iliac.